EDGEWÄTER HAVEN NURSING HOME 1351 WISCONSIN RIVER DRIVE

PORT EDWARDS 54469 Phone: (715) 885-8300)	Ownershi p:	County
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	121	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	127	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	100	Average Daily Census:	102
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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	% <u> </u>	Less Than 1 Year	37. 0
Supp. Home Care-Personal Care	No					1 - 4 Years	43. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	1. 0	Under 65	11.0	More Than 4 Years	20. 0
Day Services	No	Mental Illness (Org./Psy)	45 . 0	65 - 74	11.0		
Respite Care	Yes	Mental Illness (Other)	1. 0	75 - 84	23.0		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	44.0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	8. 0	95 & 0ver	11.0	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	3. 0	ĺ	ĺ	Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	3. 0		100. 0	(12/31/01)	
Other Meals	Yes	Cardi ovascul ar	6. 0	65 & 0ver	89. 0		
Transportation	No	Cerebrovascul ar	2. 0	[`]		RNs	16. 5
Referral Service	Yes	Di abetes	3. 0	Sex	%	LPNs	6. 3
Other Services	Yes	Respi ratory	2. 0		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	26 . 0	Male	32. 0	Ai des, & Orderlies	57. 3
Mentally Ill	No			Female	68. 0		
Provi de Day Programming for	j		100. 0	İ	j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care			anaged Care	I		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	% Of All
Int. Skilled Care	1	10. 0	271	2	2. 9	116	1	100. 0	133	1	5. 0	139	0	0. 0	0	0	0. 0	0	5	5. 0
Skilled Care	9	90. 0	284	61	88. 4	99	0	0.0	0	18	90.0	133	0	0.0	0	0	0.0	0	88	88. 0
Intermedi ate				6	8. 7	82	0	0.0	0	1	5.0	122	0	0.0	0	0	0.0	0	7	7.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	i 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		69	100.0		1	100. 0		20	100. 0		0	0.0		0	0.0		100	100. 0

EDGEWATER HAVEN NURSING HOME

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period]	'					
8 1 8		ľ		9	6 Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	5.8	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	5. 0	Bathi ng	1.0		65. 0	34. 0	100
Other Nursing Homes	5.8	Dressi ng	9. 0		59. 0	32. 0	100
Acute Care Hospitals	82.6	Transferring	16. 0		43. 0	41. 0	100
Psych. HospMR/DD Facilities	0.0	Toilet Use	16. 0		39. 0	45. 0	100
Reȟabilitation Hospitals	0.0	Eating	62. 0		20. 0	18. 0	100
Other Locations	0.8	*********	******	******	**********	*********	******
Total Number of Admissions	121	Continence		%	Special Treatm	ents	%
Percent Discharges To:		Indwelling Or Externa	l Catheter	8. 0	Receiving Re	spi ratory Care	14. 0
Private Home/No Home Health	27.6	Occ/Freq. Incontinent	of Bladder	74. 0		acheostomy Care	0. 0
Private Home/With Home Health	17. 1	Occ/Freq. Incontinent	of Bowel	63. 0	Recei vi ng Su	cti oni ng	0. 0
Other Nursing Homes	4. 9	•			Receiving 0s	stomy Care	5. 0
Acute Care Hospitals	9.8	Mobility			Recei vi ng Tu		3. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained		7. 0	Receiving Me	chanically Altered Diets	38. 0
Rehabilitation Hospitals	0.0					•	
Other Locations	8. 1	Skin Care			Other Resident	Characteristics	
Deaths	32. 5	With Pressure Sores		2. 0	Have Advance	Directives	96. 0
Total Number of Discharges		With Rashes		10. 0	Medi cati ons		
(Including Deaths)	123				Receiving Ps	ychoactive Drugs	55. 0
-		•					

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	Thi s	_	ershi p: ernment		Si ze: - 199		ensure: lled	Al]	
	Facility		Group		Group		Group		ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	79. 7	84. 8	0. 94	84. 1	0. 95	85. 8	0. 93	84. 6	0. 94
Current Residents from In-County	91. 0	58 . 7	1. 55	79 . 3	1. 15	69. 4	1. 31	77. 0	1. 18
Admissions from In-County, Still Residing	28. 1	27.8	1. 01	25. 5	1. 10	23. 1	1. 21	20. 8	1. 35
Admissions/Average Daily Census	118.6	58. 7	2. 02	110. 2	1. 08	105. 6	1. 12	128. 9	0. 92
Discharges/Average Daily Census	120.6	61.8	1. 95	110. 6	1. 09	105. 9	1. 14	130. 0	0. 93
Discharges To Private Residence/Average Daily Census	53. 9	18. 7	2.89	41. 2	1. 31	38. 5	1.40	52. 8	1. 02
Residents Receiving Skilled Care	93. 0	84.8	1. 10	93.8	0. 99	89. 9	1. 03	85. 3	1. 09
Residents Aged 65 and Older	89. 0	87. 6	1. 02	94. 1	0. 95	93. 3	0. 95	87. 5	1. 02
Title 19 (Medicaid) Funded Residents	69. 0	79.8	0.86	66. 9	1. 03	69. 9	0. 99	68. 7	1.00
Private Pay Funded Residents	20. 0	16. 3	1. 23	23. 1	0.86	22. 2	0. 90	22. 0	0. 91
Developmentally Disabled Residents	1. 0	0.8	1. 25	0. 6	1. 55	0. 8	1. 33	7. 6	0. 13
Mentally Ill Residents	46. 0	50. 0	0. 92	38. 7	1. 19	38. 5	1. 20	33. 8	1. 36
General Medical Service Residents	26. 0	17.8	1. 46	21.8	1. 19	21. 2	1. 22	19. 4	1. 34
Impaired ADL (Mean)	57. 0	43. 4	1. 31	48. 4	1. 18	46. 4	1. 23	49. 3	1. 16
Psychological Problems	55. 0	61.6	0.89	51. 9	1.06	52. 6	1. 05	51. 9	1. 06
Nursing Care Required (Mean)	9. 0	8. 4	1. 07	7. 5	1. 20	7.4	1. 21	7. 3	1. 23